

**Part I** General Information

1 Name of organization <b>ROBERT C. WILSON CAMPAIGN COMMITTEE</b>		Employer identification number <b>37 1349095</b>
2 Mailing address (P.O. Box or number, street, and room or suite number) <b>PO BOX 544</b>		
City or town, state, and ZIP code <b>HARRISBURG, IL 62946</b>		
3 E-mail address of organization <b>wilscape@midwest.net</b>		
4a Name of custodian of records  <b>MARY S. KENNEDY HOWTON</b>	4b Custodian's address <b>9090 HWY. 13 WEST</b> <b>CARRIER MILLS, IL 62917</b>	
5a Name of contact person  <b>ROBERT C. WILSON</b>	5b Contact person's address <b>300 W. POPLAR STREET, PO BOX 544</b> <b>HARRISBURG, IL 62946</b>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <b>SAME</b>		
City or town, state, and ZIP code <b>SAME</b>		

**Part II** Purpose

7 Describe the purpose of the organization  
**STATE POLITICAL FUND COMMITTEE**

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**Part III** List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address



